

STATE VEHICLE REQUEST

AGENCY CODE _____ NAME OF AGENCY _____

MAILING ADDRESS _____

The Office of Administrative Services will purchase all vehicles where the requested type and requesting Agency are covered by Act 493 of 1983. Vehicles not covered by Act 493 will be ordered by the ordering agency. For each vehicle requested, (including leased vehicles, those being obtained from Marketing & Redistribution, and Federal Surplus Property), a separate form must be submitted.

1. TYPE OF REQUEST: Replacement (____) OR Addition To The Fleet (____)2. VEHICLE REQUESTED: (COMPLETE EITHER A OR B)

A. Type from State Contract (____) Options (____)

NOTE: Enter Type and Options from the State Contract, i.e.,
Type AA = Subcompact, 2-DR. Hatchback Sedan,
Option B = Automatic Transmission.

B. Other (Non-Contract) (Describe vehicle and include number of cylinders):

3. VEHICLE TO BE TURNED IN TO M & R (Within 30 days of receipt of new vehicle):

Year/Make/Model (_____)

Vin. No. (____) License No. (____) Mileage (_____)

NOTE: Substitutions for vehicles scheduled for replacement will not be made without prior approval from DFA-Office of Administrative Services. MV-2 Forms covering at least the past twelve months must be attached.

4. JUSTIFICATION: _____

Agency Administrator Signature _____ Date _____

Department Director Signature _____ Date _____

Dept. of Finance & Admin. Approval _____ Date _____

Request Number (____) (____ - _____) (____) (To be completed by DFA - Admin. Svs.)